

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
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45							95						
46							96						

BEST AVAILABLE COPY

NO.	
TOTAL	
DEP	
TOTAL CLAIMS	

NO.	
TOTAL	
DEP	
TOTAL CLAIMS	